50 Selected MCQs in UROLOGY

By;

Ahmed Adil Mohammed

UROLOGY Senior House Officer

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250

Selected

MCQs in

UROLOGY

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Dr. Ahmed Adil Mohammed

2017

Urology Books & Lectures

Any MCQ contains **"MOST COMMON"** in Urology are collected in this Collection.

♦ Any MCQ highlighted with Yellow it means the source of this Question is;

- Campbell-Walsh Urology 11th edition 2016.

♦ Any MCQ highlighted with Blue it means the source of this Question is from one of these references;

- MCQs in Urology – Niranjan Agarwalla third edition.
- AUA Self Assessment Study Program.
- MCQs entrance Exam in Urosurgery.
- MCQs from University of CAMBRIDGE/ Urology

Dr. Ahmed Adil Mohammed
4th Year Kurdistan Board Student
Iraq – Kurdistan – Erbil
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Ahmed Adil Mohammed

3adil86@gmail.com

1. What is the **most common** cause of cloudy urine?

a. Bacterial cystitis.
b. Urine overgrowth with yeast.
c. Phosphaturia.
d. Alkaline urine.
e. Significant proteinuria.

2. The **most common** cause of glomerular hematuria is:

a. Transitional cell carcinoma.
b. Nephritic syndrome.
c. Berger disease (immunoglobulin A nephropathy).
d. Poststreptococcal glomerulonephritis.
e. Goodpasture syndrome.

3. The **most common** cause of proteinuria is:

a. Fanconi syndrome.
b. Excessive glomerular permeability due to primary glomerular disease.
c. Failure of adequate tubular reabsorption.
d. Overflow proteinuria due to increased plasma concentration of immunoglobulins.
e. Diabetes.

4. The **most common** cause of chyluria is;

a. Filariasis.
b. Retroperitoneal tumor.
c. Trauma.
d. Tuberculosis.

5. The **most common** cause for end-stage renal disease (ESRD) in the United States is:

a. Focal segmental glomerulosclerosis (FSGS).
b. Membranoproliferative glomerulonephritis (type 2).
c. Membranous glomerulonephritis.
d. Autosomal dominant polycystic kidney disease.
e. Diabetes mellitus.

6. Hospitalization in ESRD patients on hemodialysis is **most commonly** due to:

a. Hypertension.
b. Ileus.
c. Diabetes.
d. Hyperkalemia.
e. Access catheter infection.

7. The **most common** condition associated with papillary necrosis is;

a. Analgesic abuse.
b. Diabetes mellitus.
c. Hypotensive shock.
d. Sickle cell Haemoglobinopathies.

8. What is the **most commonly** detected etiology for asymptomatic microscopic hematuria in children?

a. Fibroepithelial polyp.
b. Hypercalciuria.
c. Poststreptococcal glomerulonephritis.
d. Uncomplicated urinary tract infection.
e. Hyperuricosuria.

9. The **most common** cause of Cushing syndrome (exclusive of exogenous steroid intake) is:

a. Cushing disease.
b. A cortisol-producing adrenal adenoma.
c. Ectopic ACTH production by a lung malignancy.
d. An adrenal carcinoma.
e. A pheochromocytoma.

10. What **common** urologic ailment can be found in up to 50% of patients with Cushing syndrome?

a. Testicular cancer.
b. Torsion of the appendix testis.
c. Urolithiasis.
d. Fournier gangrene.
e. Stress urinary incontinence.

11. What is the **most common** subtype of primary aldosteronism?

a. Idiopathic hyperplasia.
b. Aldosterone-producing adenoma.
c. Unilateral adrenal hyperplasia.
d. Familial hyperaldosteronism type I.
e. Adrenocortical carcinoma.

12. The **most common** cause of Cushing's syndrome in children is;

a. Adrenal carcinoma.
b. Adrenal hyperplasia.
c. Adrenal adenoma.
d. Adrenal hemorrhage.

13. The **most common** hormone secreted by adrenocortical carcinoma is:

a. Aldosterone.
b.Testosterone.
c. Dehydroepiandrosterone (DHEA).
d. Cortisol.
e. Androstenedione.

14. What **common** over-the-counter medication can produce a false-positive result during plasma free metanephrine testing?

a. Ibuprofen.
b. Aspirin.
c. Omeprazole.
d. Diphenhydramine.
e. Acetaminophen.

15. Which of these is NOT a **commonly** known side effect of androgen deprivation therapy (ADT)?

a. Decreased bone mineral density.
b. Mania.
c. Hot flashes.
d. Fatigue.
e. Sexual side effects.

16. Which of the following side effects encountered during photodynamic therapy is the **most common**?

a. Eye sensitivity.
b. Skin photosensitivity.
c. Bladder contracture or vesicoureteral reflux.
d. Liver toxicity.
e. Allergic reaction to the photosensitizer administration.

17. Which of the following is the **most common** fibrous lesion leading to renovascular hypertention?

a. Intimal fibroplasia.
b. Fibromuscular hyperplasia.
c. Medial fibroplasia.
d. Perimedial (subsdventitial) fibroplasia.

18. The **most common** complication of epidural analgesia is;

a. Malignant hypertension.
b. Thromboembolism in the lower limbs.
c. Hypertension.
d. Hypotension.

19. The **most common** complication of patient controlled analgesia is;

a. Respiratory depression.
b. Hypotension.
c. Barotrauma.
d. Urinary retention.

20. The **most common** type of extravasation observed on retrograde pyelography is;

a. Pyelotubular.
b. Pyelointerstitial.
c. Pyelosinus.
d. Pyelolymphatic.
e. Pyelovenus.

21. The **most common** cause of spontaneous Perirenal hematoma in adult is;

a. Renal angiomyolipoma.
b. Bourneville's disease.
c. Renal artery aneurysm.
d. Adult polycystic kidney disease.

22. The **most common** cause of acute renal failure is;

a. Acute tubular necrosis (ATN).
b. Urinary obstruction.
c. Myocardial infarction.
d. Acute glomerulonephritis.
e. Pre-renal azotemia.

23. The treatment **most commonly** cause painful gynecomastia is;

a. Leuprolide.
b. Leuprolide and bicalutamide.
c. Ketoconazole.
d. Bicalutamide.
e. Finasteride.

24. Pyospermia in an infertile man **most commonly** suggest;

a. A sexually transmitted disease.
b. UTI.
c. Antisperm Antibody.
d. Functional sperm damage.
e. Failure to retract foreskin.

25. Common side effects of thiotepa include:

a. Irritative voiding symptoms and fever.
b. Hematuria and irritative voiding symptoms.
c. Bladder contraction and myelosuppression.
d. Irritative voiding symptoms and myelosuppression.
e. Flulike symptoms and fever.

26. The **most common** side effect of intra-vesical BCG therapy is;

a. Frequency.
b. Hematuria.
c. Fever.
d. Malaise.
e. Arthralgia.

27. The **most common** complications associated with the use of Mitomycin C for intravesical therapy are;

a. Chemical cystitis and rash.
b. Myelosuppression and rash.
c. Flu-like symptoms and myelosuppression.
d. Contracted bladder and chemical cystitis.
e. Myelosuppression and chemical cystitis.

28. The **most common** cause of retroperitoneal fibrosis is:

a. Methysergide.
b. Infection.
c. Lymphoma.
d. Breast cancer.
e. Immune-mediated aortitis.

29. The **most common** primary medical management of idiopathic retroperitoneal fibrosis is;

a. Cyclophosphamide.
b. Tamoxifen.
c. Mycophenolate.
d. Corticosteroids.

30. The **most common** cause of renal hypertension is;

a. Fibromuscular dysplasia.
b. Atherosclerosis.
c. Cholesterol emboli.
d. Poly arteritis nodosa.

31. The **most common** cause of neonatal hypertension is;

a. Renal artery stenosis.
b. Polycystic kidney disease.
c. Coarctation of the aorta.
d. Bronchopulmonary dysplasia.

32. Acquired bladder diverticula are **commonly** found in association with:

a. Prostatic obstruction.
b. Calyceal diverticula.
c. Nephrogenic adenoma.
d. Infection of perivesical glands.
e. Erectile dysfunction (ED).

33. The ostia of Urethral Diverticula are **most commonly** found at:

a. 12 o' clock.
b. 6 o' clock.
c. 4 o' clock and 8 o' clock.
d. 10 o' clock and 12 o' clock.
e. none of the above.

34. The **most common** reason for intervening in patient with bladder outlet obstruction secondary to BPH is;

a. Patient symptoms.
b. Hematuria.
c. Recurrent infection.
d. Chronic urinary retention.
e. Acute urinary retention.

35. The **best** solution for preservation of all abdominal organs is:

a. EuroCollins.
b. Collins 2.
c. Sach solution.
d. University of Wisconsin (UW) solution.
e. Histidine-tryptophan-ketoglutarate (HTK).

36. The **most common** cause of unresolved bacteriuria during antimicrobial therapy is:

a. Development of bacterial resistance.
b. Rapid reinfections.
c. Azotemia.
d. Staghorn calculi.
e. Initial bacterial resistance.

37. The **most common** cause of acute pyelonephritis in young women is:

a. Vesicoureteral reflux.
b. P-piliated bacteria.
c. Type 1 piliated bacteria.
d. Recurrent UTIs.
e. Bacterial endotoxin.

38. Clinical pyelonephritis during pregnancy is **most commonly** linked to:

a. Maternal sepsis.
b. Maternal anemia.
c. Maternal hypertension.
d. Eclampsia.
e. Congenital malformations.

39. The **most reliable** urine specimen is obtained by:

a. Urethral catheterization.
b. Catheter aspiration.
c. Midstream voiding.
d. Suprapubic aspiration.
e. Antiseptic periurethral preparation.

40. The **most common** predisposing factor for hospital-acquired UTIs is:

a. Surgery.
b. Antimicrobial therapy.
c. Age.
d. Catheterization.
e. Diabetes mellitus.

41. The **most commonly** diagnosed bacterial sexually transmitted infection (STI) in the United States is:

a. Gonorrhea.
b. Ureaplasma.
c. Syphilis.
d. Chlamydia.
e. Chancroid.

42. Which allergen was the **most common** offending agent in contact dermatitis cases?

a. Silver.
b. Textile dyes.
c. Ragweed.
d. Nickel sulfate.
e. Pet dander.

43. The **most common** organisms causing erysipelas are:

a. dermatophytes.
b. S. aureus.
c. S. pyogenes.
d. Escherichia coli.
e. Pseudomonas sp.

44. What is the **most common** site of presentation for Kaposi sarcoma in immunocompetent individuals?

a. Chest.
b. Face.
c. Lower extremities.
d. Genitalia.
e. Palms.

45. Which of the following conditions has the **most in common** histologically with pearly penile papules?

a. Psoriasis.
b. Tuberous sclerosis.
c. Molluscum contagiosum.
d. Herpes simplex.

46. Which of the following routes of infection is the **most common** in genitourinary tuberculosis?

a. Hematogenous seeding.
b. Lymphatic spread.
c. Direct inoculation.
d. Sexual transmission.
e. Ascending or retrograde infection.

47. Lymphoproliferative disorders are **most commonly** associated with which of the following viruses?

a. Herpes simplex virus type 1.
b. Varicella-zoster virus.
c. Epstein-Barr virus (EBV).
d. Cytomegalovirus (CMV).
e. Cocksackie virus.

48. Hemorrhagic cystitis in an immunosuppressed patient has been **most commonly** associated with which of the following viruses?

a. Cytomegalovirus.
b. Adenovirus.
c. Herpes simplex virus type 1.
d. Herpes simplex virus type 2.
e. Polyoma virus.

49. The **most common** bacterial cause of xanthogranulomatous pyelonephritis is:

a. Escherichia coli.
b. Pseudomonas.
c. Klebsiella.
d. Proteus mirabilis.
e. Staphylococcus.

50. The **most common** pathogen involved in a primarily infected artificial sphincter is:

a. Enterococcus.
b. Staphylococcus aureus.
c. Staphylococcus epidermidis.
d. Escherichia coli.
e. Candida.

51. The **most common** organism causing gram-negative Bacteremia is;

a. Anaerobic organisms.
b. E. coli.
c. P. aeruginosa.
d. Proteus.

52. The **most common** infecting organism in chronic bacterial prostatitis is;

a. Proteus mirabilis.
b. Enterococcus faecalis.
c. E. coli.
d. Staphylococcus aureus.
e. Pseudomonas aeruginosa.

53. The **most common** organism causing endocarditis after urological procedures;

a. Proteus mirabilis.
b. Enterococcus faecalis.
c. E. coli.
d. Klebsiella.

54. The **most common** organism responsible for urinary tract infection in infants and children is.

a. E. coli.
b. P. aeruginosa.
c. Proteus.
d. Klebsiela.

** the most common pediatric uropathogen is E. coli (>80%).

** the most common bacterial cause of Emphysematous pyelonephritis is E. coli.

55. The **most common** organism cultured in urachal cyst fluid is;

a. E. coli.
b. Klebsiella.
c. Staphylococcus aureus.
d. Proteus mirabilis.

56. What is the **most common** secondarily infecting organism after percutaneous stone removal?

a. Proteus mirabilis.
b. Klebsiella oxytoca.
c. Pseudomonas aeruginosa.
d. Staphylococcus epidermidis.
e. Enterococcus (Streptococcus) faecalis.

57. Urinary schistosomiasis is **most commonly** caused by;

a. S. haematobium.
b. S. mansoni.
c. S. japonicum.
d. S. intercalatum.

58. The site **most commonly** affected by Tuberculosis of the ureter is;

a. Ureterovesical junction.
b. Pelviureteric junction.
c. Midureter.
d. Intramural portion of the ureter.

59. Tuberculosis is the **most common** opportunistic infection in AIDS patient in;

a. Asia.
b. Africa.
c. USA.
d. Worldwide.

60. Childhood urinary tract infections are **more common** in girls than boys at all ages except;

a. First few months of life.
b. Second year of life.
c. The school going age.
d. They are always more common in girls.

61. Perinephric abscess is the **most commonly** associated with disruption of a corticomedullary intranephric renal abscess, the **most common** symptom of a retroperitoneal abscess is;

a. Fever.
b. Flank pain.
c. Palpable flank mass.
d. Pyuria.

62. The **most common** cause of genitourinary tract infections in men and urinary tract infections in girls and women is;

a. Ascending infection from urethra.
b. Hematogenic.
c. Urethral instrumentation.
d. Poor genital hygiene.

63. The **most common** cause of catheter associated UTI is;

a. Improper catheterization techniques.
b. Urethral meatal bacteria.
c. Break in damage system.
d. Urinary drainage bag bacteria.
e. Bacterial antimicrobial resistance.

64. The **most common** type of renal stones is;

a. Calcium phosphate.
b. Calcium oxalate.
c. Triple phosphate (struvite).
d. Uric acid.
e. Cystine.

65. The **most common** abnormal urinary finding in patients undergoing Roux-en-Y gastric bypass surgery is:

a. Hypercalciuria.
b. Low urine pH.
c. Low urine volume.
d. Hypocitraturia.
e. Hyperoxaluria.

66. The **most common** abnormality identified in patients with uric acid stones is:

a. Acidic urine.
b. Alkaline urine.
c. Low uric acid concentration.
d. High uric acid concentration.
e. Distal renal tubular acidosis.

67. What is the **most common** serious error in PNL access?

a. Not using an Amplatz sheath.
b. Overadvancement of the dilator/sheath.
c. Anterior calyceal puncture.
d. Ultrasonographically guided puncture.
e. The use of telescoping metal dilators.

68. The **most common** chemical composition of a bladder stone found in a child from a developing country would be:

a. Struvite.
b. Ammonium acid urate.
c. Uric acid.
d. Calcium oxalate monohydrate.
e. Calcium oxalate dehydrate.

69. Involuntary bladder contractions are **most commonly** seen in association with:

a. Sacral spinal cord neurologic disease or injury.
b. Infrasacral neurologic disease or injury.
c. Suprasacral neurologic disease or injury.
d. Peripheral nerve neurologic disease or injury.
e. Interstitial cystitis.

70. Which of the following is the **most common** long-term expression of lower urinary tract dysfunction after a cerebrovascular accident (CVA)?

a. Detrusor areflexia
b. Lack of sensation of filling
c. Impaired bladder contractility
d. Striated sphincter dyssynergia
e. Detrusor overactivity

71. Urinary incontinence is **most likely** to occur in a patient after a CVA if which of the following areas is affected?

a. Internal capsule.
b. Basal ganglia.
c. Thalamus.
d. Cerebellum.
e. Hypothalamus.

72. In a post-CVA patient who exhibits urgency and frequency but no incontinence, the state of striated sphincter activity can **most commonly** be best described as:

a. Uninhibited relaxation.
b. Dyssynergia.
c. Fixed voluntary tone.
d. Pseudodyssynergia.
e. Myotonus.

73. When considering the subject of voiding dysfunction associated with brain tumors, which of the following areas is **more likely** to be associated with urinary retention than with urinary incontinence?

a. Pituitary gland.
b. Cerebellum.
c. Posterior fossa.
d. Hypothalamus.
e. Frontal cortex.

74. The **most common** pattern of micturition in children and adults who have cerebral palsy (CP) and no other complicating neurologic condition is:

a. Abnormal filling/storage because of detrusor overactivity; normal emptying.
b. Normal filling/storage; normal emptying.
c. Normal filling/storage; abnormal emptying because of smooth sphincter dyssynergia.
d. Normal filling/storage; abnormal emptying because of striated sphincter dyssynergia.
e. Abnormal filling/storage because of detrusor overactivity; abnormal emptying because of striated sphincter dyssynergia.

75. The **most common** urodynamic findings in individuals with CP who do exhibit lower urinary tract dysfunction are:

a. Detrusor areflexia, coordinated sphincters.
b. Detrusor overactivity, smooth sphincter dyssynergia, striated sphincter dyssynergia.
c. Detrusor overactivity, smooth sphincter synergy, striated sphincter dyssynergia.
d. Decreased detrusor compliance, coordinated sphincters.
e. Detrusor overactivity, coordinated sphincters.

76. Deficiency of which of the following compounds in the nigrostriatal pathway accounts for **most** of the classic clinical motor features of Parkinson disease (PD)?

a. Dopamine.
b. Norepinephrine.
c. Acetylcholine.
d. Serotonin.
e. l-Dopa.

77. The **most common** urodynamic abnormality found in patients with voiding dysfunction secondary to PD is:

a. Impaired sensation during filling.
b. Striated sphincter dyssynergia.
c. Striated sphincter bradykinesia.
d. Detrusor overactivity.
e. Impaired detrusor contractility.

78. Which of the following is **more common** in patients with PD than in patients with multiple system atrophy (MSA)?

a. Intrinsic sphincter deficiency.
b. Evidence of striated sphincter denervation on an electromyogram.
c. Decreased compliance.
d. Incontinence after TURP.
e. Disease diagnosis preceding voiding and erectile symptoms.

79. The lesions seen in multiple sclerosis **most commonly** affect which of the following locations in the nervous system?

a. Thoracic spinal cord.
b. Sacral spinal cord.
c. Cervical spinal cord.
d. Lumbar spinal cord.
e. Midbrain.

80. An SCI at which of the following cord levels would be **most likely** to be associated with autonomic hyperreflexia?

a. Cervical.
b. Thoracic.
c. Lumbar.
d. Sacral.
e. Cauda equine.

81. Which of the following is the **most common** long-term expression of lower urinary tract dysfunction after a cerebrovascular accident (CVA)?

a. Detrusor areflexia.
b. Lack of sensation of filling.
c. Impaired bladder contractility.
d. Striated sphincter dyssynergia.
e. Detrusor overactivity.

82. Which of the following muscarinic receptor subtypes is the **most common** in human detrusor smooth muscle?

a. M1.
b. M2.
c. M3.
d. M4.

83. Available data suggest that which of the following side effects is **more common** with tamsulosin than with either terazosin or doxazosin?

a. Dizziness.
b. Asthenia.
c. Postural hypotension.
d. Palpitations.
e. Retrograde ejaculation.

84. Retrograde ejaculation is **most commonly** seen with:

a. Terazosin.
b. Silodosin.
c. Finasteride.
d. Tamsulosin.
e. Alfuzosin.

85. The symptoms of voiding dysfunction in a child with tethered cord syndrome present **most commonly** after which of the following precipitating factors?

a. Urinary tract infection.
b. Meningitis.
c. Puberty.
d. Cystoscopy.
e. Growth spurt.

86. The **most common** presenting urinary symptom in children with transverse myelitis is:

a. Urinary incontinence.
b. Urinary tract infection.
c. Urinary retention.
d. Urinary frequency.
e. Urinary urgency.

87. Detrusor overactivity is the **most common** type of lower urinary tract dysfunction in incontinent elderly……..;

a. Males.
b. Females.
c. Either Sex.
d. Statement is false.

88. With which of the following diseases is priapism **most commonly** associated?

a. Peyronie disease.
b. Sickle cell anemia.
c. Parkinson disease.
d. Organic depression.
e. Leukemia.

89. The three **most commonly** used surgical approaches for penile prosthesis implantation are:

a. Ventral penile, infrapubic, and inguinoscrotal.
b. Subcoronal, inguinoscrotal, and penoscrotal.
c. Ventral penile, infrapubic, and penoscrotal.
d. Inguinoscrotal, infrapubic, and penoscrotal.
e. Subcoronal, infrapubic, and penoscrotal.

90. What is the **most common** adverse event occurring after manual modeling during placement of a penile prosthesis in a man with PD?

a. Tunica tear proximal.
b. Urethral injury.
c. Sensory deficit.
d. Recurrent curvature.
e. Distal urethral perforation.

91. Urethral meatal stenosis in the infant occurs **most commonly**:

a. As a result of birth trauma.
b. After urinary tract infection.
c. After a voiding cystourethrogram (VCUG).
d. After healing of the inflamed, denuded glans after circumcision.
e. From penile adhesions.

92. What is the **most common** complication associated with circumcision?

a. Trauma to the glans.
b. Bleeding.
c. Meatal stenosis.
d. Skin bridges.
e. Balanitis xerotica obliterans (BXO).

93. What is the **most common** cause of micropenis?

a. Hypergonadotropic hypogonadism.
b. Hypogonadotropic hypogonadism.
c. Idiopathic.
d. Growth hormone deficiency.
e. Androgen insensitivity syndrome.

94. Which agent (s) **most commonly** causes severe Penile pain?

a. Phentolamine.
b. Papaverine.
c. Prostaglandin E1.
d. Papaverine and Phentolamine.
e. Triple agents.

95. Invasive carcinoma of the penis is **most common** diagnosed during which decades of life;

a. 4^{th} and 5^{th}.
b. 5^{th} to 6^{th}.
c. 6^{th} to 7^{th}.
d. $7^{th}$to 8^{th}.

96. The **most common** sign of penile metastasis is;

a. Penile swelling.
b. Penile nodularity.
c. Priapism.
d. Ulceration.

97. The **most common** hormonal disease associated with erectile failure is;

a. Diabetes mellitus.
b. Androgen deficiency.
c. Hypothyroidism.
d. Hyperthyroidism.

98. The **most common** complication of intracavernosal pharmacotherapy with Papaverine and phyntolamine is;

a. Penile induration.
b. Priapism longer than 8 hours.
c. Pain at injection site.
d. Local hematoma.

99. The **most common** genetic cause of male infertility is:

a. r(Y).
b. 45,X0.
c. 47,XXY.
d. 47,XYY.
e. 46,XY/47,XXY.

100. What is the **most commonly** purported etiology for the sexual problems that occur in some women using hormonal contraception?

a. Reduction of bioavailable testosterone.
b. Reduction of bioavailable estrogen.
c. Psychological distress.
d. Partner dissatisfaction.
e. Alteration of vascular response.

101. What is the **most common** cause of primary amenorrhea?

a. Testicular feminization.
b. Vaginal agenesis.
c. Mixed gonadal dysgenesis.
d. Imperforate hymen.
e. Transverse vaginal septum.

102. The **most common** clinical presentation for Mayer-Rokitansky-Kuster-Hauster syndrome;

a. Infertility.
b. Dyspareunia.
c. Primary amenorrhea.
d. Pelvic kidney.

103. Regarding epididymal anatomy, which of the following is the **most common** finding in boys undergoing orchidopexy for acquired cryptorchidism?

a. Detachment of the cauda epididymis.
b. Detachment of the caput epididymis.
c. Looped epididymis.
d. Long looping epididymis/vas.
e. Normal anatomy.

104. All of the following is **more common** in association with cryptorchid testes, EXCEPT:

a. Atrophy.
b. Microlithiasis.
c. Mature teratoma.
d. Ectasia of the rete testis.
e. Intratesticular varicocele.

105. How **commonly** does cryptorchidism occur in full-term males?

a. Less than 1%.
b. 1% to 4%.
c. 5% to 10%.
d. 15%.
e. None of the above.

106. The **Most common** cause of obstructive azzospermia in patient who have not undergone elective sterilization;

a. Antisperm antibodies.
b. Iatrogenic injury to the Vas.
c. Secondary to infection.
d. Congenital Bilateral absence of Vas deferens.

107. Approximately 2 to 3 percent of testicular tumors are Bilateral, the **most common** histologic type occurring bilaterally is;

a. Non-Seminoma.
b. Seminoma.
c. Leyding Cell Tumors.
d. Gonadoblastoma.

108. Distant spread of Testicular cancer occur **most commonly** to the;

a. Pulmonary region.
b. Liver.
c. Ribs.
d. Brain.

109. Which of the following is the **most common** subtype of pure seminoma?

a. Spermatocytic.
b. Typical or classic.
c. Anaplastic.

110. The **most common** testis Tumor in infants and children;

a. Yolk sac tumor.
b. Teratoma.
c. Choriocarcinoma.
d. Embryonal carcinoma.

111. The **most common** site of origin of extragonadal germ cell tumor is;

a. Mediastinum.
b. Retroperitoneum.
c. Pineal gland.
d. Sacrococcygeal region.

112. The **most common** secondary neoplasms of testis and **most common** of all testis tumors in patient over 50 years of age;

a. Lymphoma.
b. Adenocarcinoma.
c. Malignant mesothelioma.
d. Metastatic tumors.

113. The **most common** tumor that arises in an undescended testis is the Seminoma. If the testis is brought down in to the scrotum, the incidence of which tumor rises;

a. Seminoma.
b. Embryonal carcinoma.
c. Gonadoblastoma.
d. Lymphoma.

114. The **most common** tumors of the paratesticular tissues is;

a. Mesothelioma.
b. Cystadenoma.
c. Adenomatoid tumors.

115. Late relapse is a feature **most commonly** associated with:

a. Seminoma.
b. Yolk sac tumor.
c. Embryonal carcinoma.
d. Choriocarcinoma.
e. Teratoma.

116. What is the **most common** type of malignant neoplasm found in seminal vesicles?

a. Primary adenocarcinoma.
b. Sarcoma.
c. Cystosarcoma phyllodes.
d. Metastatic tumors.
e. Amyloidosis.

117. The **most common** malignant spermatic cord tumor is;

a. Rhabdomyosarcoma.
b. Liposarcoma.
c. Fibrosarcoma.
d. Leiomyosarcoma.

118. The **most common** malignancy noted in dysgenetic testis is;

a. Seminoma.
b. Teratoma.
c. Gonadoblastoma.
d. Squamous cell carcinoma.

119. The **most common** location of an ectopic testis in a clinical situation is;

a. Perineum.
b. Femoral canal.
c. Superficial inguinal pouch.
d. Suprapubic area.
e. Opposite scrotal compartment.

120. What are the **most common** cell sources for regenerative medicine today?

a. Embryonic stem cells.
b. Induced pluripotent stem cells.
c. Autologous cells.
d. Stem cells derived from nuclear transfer techniques.
e. None of the above.

121. The **most common** mutation in the cystic fibrosis transmembrane conductance region, or CFTR, is:

a. R117H.
b. R334W.
c. R347P.
d. ΔF508.
e. G542X.

122. The **most common** mutated gene in human tumors, including genitourinary malignancies is;

a. P 53.
b. VHL.
c. MET.
d. FLNC.

123. The earliest and **most common** genetic abnormality in prostate cancer is loss of heterozygosity of chromosome……. .

a. 10p.
b. 10q.
c. 8p.
d. 8q.

124. Deletion of the short arm of chromosome 3 occur **most commonly** in association with;

a. Papillary RCC.
b. Angiomyolipoma.
c. Renal medullary Carcinoma.
d. Oncocytomas.
e. Clear Cell RCC.

125. Which gene is **most commonly** mutated in high-grade muscle invasive urothelial cancer?

a. Cyclin A.
b. TP53.
c. FGFR-3.
d. HRAS.
e. PTEN.

126. Which gene is **most commonly** mutated in carcinoma in situ (CIS)?

a. PI3K.
b. RB.
c. FGFR-3.
d. HRAS.
e. CD-44.

127. Which environmental factor is **most commonly** accepted as a risk factor for RCC?

a. Radiation therapy.
b. Antihypertensive medications.
c. Tobacco use.
d. Diuretics.
e. High-fat diet.

128. The **most common** cause of gross hematuria in a patient older than 50 years is:

a. Renal calculi.
b. Infection.
c. Bladder cancer.
d. Benign prostatic hyperplasia.
e. Trauma.

129. The **most common** presenting symptoms of Bladder Carcinoma is;

a. Frequency.
b. Dysuria.
c. Urgency.
d. Painless hematuria.

130. The **most common** cause of pain associated with gross hematuria is:

a. Simultaneous passage of a kidney stone.
b. Ureteral obstruction due to blood clots.
c. Urinary tract malignancy.
d. Prostatic inflammation.
e. Prostatic enlargement.

131. Where do penile cancers **most commonly** arise?

a. Glans.
b. Shaft.
c. Frenulum.
d. Coronal sulcus.
e. Scrotum.

132. What is the **most common** histologic type of proximal urethral cancer in women?

a. Adenocarcinoma.
b. Squamous cell carcinoma.
c. Melanoma.
d. Transitional cell carcinoma.
e. Lymphoma.

133. The **most common** cancer after kidney transplantation is:

a. Skin.
b. Cervix.
c. Kaposi sarcoma.
d. Thyroid.
e. Breast.

134. Internalized ureteral stent failure is **more common** in patients with:

a. Advanced cancer.
b. Normal renal function.
c. Solitary kidneys.
d. Horseshoe kidneys.
e. Duplicated collecting systems.

135. What is the **most common** cause of death in patients with the von Hippel-Lindau syndrome?

a. Renal failure.
b. Cerebellar hemangioblastoma.
c. Unrelated medical disease.
d. Pheochromocytoma.
e. RCC.

136. What is the **most common** mutation identified in sporadic clear cell RCC?

a. Activation of the met proto-oncogene.
b. Activation of the von Hippel-Lindau tumor suppressor gene.
c. Inactivation of the von Hippel-Lindau tumor suppressor gene.
d. Inactivation of p53.
e. Inactivation of genes on chromosome 9.

137. Which of the following cytogenetic abnormalities is among those **commonly** associated with papillary RCC?

a. Trisomy of chromosome 7.
b. Trisomy of the Y chromosome.
c. Loss of chromosome 17.
d. Loss of all or parts of chromosome 3.
e. Loss of chromosome 7.

138. What do the hereditary papillary RCC syndrome and von Hippel-Lindau syndrome have in **common**?

a. The mode of genetic transmission.
b. Chromosome 3 abnormalities.
c. A propensity toward tumor formation in multiple organ systems.
d. Inactivation of a tumor suppressor gene.
e. Nearly complete penetrance.

139. Sarcomatoid differentiation is **most commonly** observed with which histologic subtypes of RCC?

a. Clear cell and papillary.
b. Papillary and chromophobe.
c. Clear cell and collecting duct.
d. Clear cell and chromophobe.
e. Chromophobe and collecting duct.

140. What is the **most common** complication associated with performing CPB-DHCA for the removal of large renal cell tumor thrombus?

a. Pulmonary air emboli.
b. Intestinal ischemia.
c. Bleeding and coagulopathy.
d. Lower extremity tumor emboli.
e. Tumor emboli.

CPB-DHCA;
Cardio-Pulmonary Bypass
Deep Hypothermic
Circulatory Arrest

141. The **most common** histologic bladder cancer cell type is:

a. Squamous.
b. Adeno.
c. Urothelial.
d. Small cell.
e. Leiomyosarcoma.

142. The **most common** malignant tumor associated with bladder diverticula is:

a. Urothelial.
b. Squamous cell.
c. Adenocarcinoma.
d. Sarcomatous.
e. Undifferentiated.

143. The **most common** malignancy found in urethral diverticula is:

a. Squamous.
b. Urothelial.
c. Adenocarcinoma.
d. Undifferentiated.
e. Sarcomatous.

144. The **most common** sarcoma involving the bladder is:

a. Angiosarcoma.
b. Chondrosarcoma.
c. Leiomyosarcoma.
d. Rhabdomyosarcoma.
e. Osteosarcoma.

145. What is the **most common** form of renal sarcoma?

a. Liposarcoma.
b. Rhabdomyosarcoma.
c. Fibrosarcoma.
d. Leiomyosarcoma.
e. Angiosarcoma.

146. What is the **most common** complication after partial nephrectomy for nonexophytic renal masses?

a. Hemorrhage.
b. Renal failure.
c. Rhabdomyolysis.
d. Hydronephrosis.
e. Urinary leak.

147. The **most common** benign pelvic masses that result in extra-mural ureteral obstruction are;

a. Ovarian Cysts.
b. Ovarian fibromas.
c. Uterine fibroids.
d. Hydrometrocolpos.

148. Uterine fibroids resulting in extra-mural ureteral obstruction **most commonly** affect the;

a. Right side.
b. Left side.
c. Left side in the lower third.
d. Left side in the midportion.

149. Premature disjunction result **most commonly** in what pathologic finding;

a. Sacral teratomas.
b. Primitive neuroectodermal tumors.
c. Dermal sinus abnormalities.
d. Epidermoid inclusion cyst.
e. Lipomyelomeningoceles.

150. Which are the **most common** benign renal mass lesion;

a. Cortical adenoma.
b. Renal cysts.
c. Renal oncocytomas.
d. Renal angiomyolipoma.

151. The **most common** sites for metastasis from renal cell carcinoma are;

a. Liver, Lung, Vertebra, Thyroid.
b. Lungs, Vertebra, CNS.
c. Lungs, Liver, Subcutaneous tissue, CNS.
d. Lungs, Liver, Subcutaneous tissue, Bone.

152. The **most common** site for ectopic pheochromocytoma;

a. Infrarenal organ of Zuckerkandl.
b. Suprarenal gland.
c. Filum terminale.
d. Celiac plexus.

153. Which is the **most common** cause of extrinsic ureteral obstruction;

a. Retroperitoneal fibrosis.
b. Retroperitoneal fibrosis secondary to surgical procedures.
c. Vascular anomalies.
d. Huge aneurysm of the abdominal aorta.

154. Ureteral tumors are **most commonly** located in the;

a. Upper ureter.
b. Mid ureter.
c. Lower ureter.
d. Upper half of ureter.

155. The **most common** presenting symptom of upper urinary tract urothelial tumor is;

a. Flank pain.
b. Gross hematuria.
c. They are mostly asymptomatic.
d. Frequency and dysuria.

156. The **most common** portion of the male urethra to be involved with tumor;

a. Bulbomembranous.
b. Prostatic.
c. Penile.
d. Fossa navicularis.

157. Urethral carcinoma is much **more common** in;

a. Women than in Men.
b. Men than in Women.

158. The **most common** leukemic involvement of the prostate is;

a. Chronic lumphoblastic leukemia.
b. Chronic lymphocytic leukemia.
c. Chronic monocytic leukemia.
d. Chronic granulocytic leukemia.

159. The **most commonly** used permanent implants as brachytherapy in cancer prostate;

a. Iridium-192 seeds.
b. Iodine-125 seeds.
c. Palladium-103 seeds.
d. b and c.

160. The **most common** type of renal cystic disease, and one of the **most common** causes of an abdominal mass, in infants;

a. Acquired renal cystic disease.
b. Multicystic dysplasia.
c. Autosomal recessive polycystic kidney.
d. Multilocular cyst.

161. Bladder hemangioma are **most commonly** seen in association with;

a. Prune-belly syndrome.
b. Klippel-feil syndrome.
c. Klinefelter syndrome.
d. Klippel-Trenaunay syndrome.

162. The **most common** site of metastasis from Wilms tumor is;

a. Lungs.
b. Liver.
c. Adrenal gland.
d. Skeletal.

163. The **most common** benign secondary neoplasm in patients treated previously for Wilms tumor;

a. Lipoma.
b. Fibroma.
c. Hemangioma.
d. Exostosis.

164. Which is the **most common** malignant tumor of infancy (after Brain tumor), and the **most common** malignant solid tumor of childhood;

a. Neuroblastoma.
b. Nephroblastoma.
c. Pheochromocytoma.
d. Wilms tumor.

Which is the **most common extracranial solid tumor of children.

165. The **most common** neonatal testicular tumor;

a. Seminoma.
b. Mature teratoma.
c. Gonadal stromal tumor.
d. Yolk sac tumor.

166. The **most common** solid renal tumor in newborn;

a. Clear cell sarcoma.
b. Rhabdoid tumor.
c. Wilm's tumor.
d. Congenital mesoblastic nephroma.
e. Renal cell carcinoma.

167. The **most common** site of origin of neuroblastoma is;

a. Adrenal.
b. Kidney.
c. Ganglionic.
d. Mediastinal.
e. Pelvic.

168. The **most common** physical finding in neuroblastoma is;

a. Hypertension.
b. Abdominal mass.
c. Horner's syndrome.
d. Opsoclonus.
e. Subcutaneous nodules.

169. The **most common** site of origin for metastasis to adrenal gland is;

a. Stomach.
b. Large bowel.
c. Lungs.
d. Female breast.

170. What is the **most common** intra-abdominal site of injury associated with laparoscopic surgery?

a. Bowel injury.
b. Vascular injury.
c. Liver injury.
d. Splenic laceration.
e. Bladder injury.

171. During passage of the laparoscope, which vessel is **most commonly** injured;

a. Aorta.
b. Vena Cava.
c. Inferior epigastric artery.
d. External iliac artery.
e. Middle sacral artery.

172. Carbon dioxide is the **most commonly** used insufflant because it is:

a. Noncombustible.
b. Rapidly absorbed.
c. Inexpensive.
d. Colorless.
e. All of the above.

173. The **most common** auxiliary procedure required to ensure complete resection of residual tumor at postchemotherapy (PC)-RPLND is:

a. IVC resection.
b. Retrocrural resection.
c. Nephrectomy.
d. Pelvic resection.
e. Aortic resection.

174. The **most common** cause of open conversion during laparoscopic RPLND is:

a. Intraoperative discovery of bulky lymphadenopathy.
b. Failure to progress.
c. Bowel injury.
d. Hypercapnia.
e. Bleeding.

175. What is the **most common** complication after RAE?

a. Groin hematoma from puncture site.
b. Paraplegia from spinal artery occlusion.
c. Coil migration.
d. Postinfarction syndrome (pain, nausea, and fever).
e. Adrenal insufficiency.

176. The **most common** cause of complications after robot-assisted radical cystectomy and intracorporeal urinary diversion is:

a. Bleeding.
b. Sepsis.
c. Necrosis of the bowel segment.
d. Enteroenteric anastomotic leak.
e. Port site and para-stomal hernia.

177. Which of the following is the **most commonly** reported complication/adverse event associated with TUMT?

a. Blood transfusion.
b. Urinary tract infection.
c. Erectile dysfunction.
d. Urethral stricture.
e. Incontinence.

178. What is the **most common** cause of incontinence after radical prostatectomy?

a. Intrinsic sphincter deficiency.
b. Detrusor instability.
c. Failure to reconstruct the bladder neck.
d. Injury to the neurovascular bundles.
e. Bladder neck contracture.

179. When the dorsal vein complex is divided anteriorly, what is the **most common** major structure that can be damaged in radical prostatectomy, and what is the **most common** adverse outcome?

a. Aberrant pudendal arteries; impotence.
b. Neurovascular bundle; impotence.
c. Striated urethral sphincter; incontinence.
d. Levator ani musculature; incontinence.
e. Both a and b.

180. What is the **most common** site for a positive surgical margin in radical prostatectomy and when does this occur?

a. Posterolateral; during release of the neurovascular bundle.
b. Posterior; when the prostate is dissected from the rectum.
c. Apex; during division of the striated urethral sphincter−dorsal vein complex.
d. Bladder neck; during separation of the prostate from the bladder.
e. Seminal vesicles.

181. The **most common** pediatric application for laparoscopy is;

a. Localization of non-palpable testis.
b. Ureteroneocystostomy.
c. Nephrectomy.
d. Orchiectomy.
e. Renal biopsy.

182. Which of the following are the **two most common** complications of renal revascularization surgery;

a. Anastomotic leak and graft necrosis.
b. Hemorrhage and thrombosis.
c. Stenosis and hemorrhage.
d. Hemorrhage and embolism.

183. The **most common** area of damage to the external urinary sphincter during TURP is at the;

a. 3 O'clock position.
b. 9 O'clock position.
c. 6 O'clock position.
d. 12 O'clock position.

184. The **most common** immediate postoperative complication of TURP is;

a. Infection.
b. Failure to void.
c. Acute retention.
d. Hypotonic bladder.

185. The **most common** cause of urethral stricture, after TURP is;

a. Postoperative urethral catheterization.
b. Urethritis.
c. Probably trauma from the resectoscope.
d. Extravasation of irrigation fluid.

186. In the AUA cooperative study, the **most common** cause of death immediately following TURP was;

a. Sepsis.
b. Myocardial infarction.
c. TUR syndrome.
d. Pulmonary embolism.
e. Pyelonephritis.

187. The **most common** early side effect following urethral stent insertion for BPH is;

a. Incontinence.
b. Hematuria.
c. Frequency, urgency, dysuria.
d. Acute retention.
e. Urinary infection.

188. The **most common** side effect following insertion of a urethral stent is;

a. Hemospermia.
b. Impotence.
c. Antegrade ejaculation.
d. Urinary infection.
e. Post micturition dribbling.

189. The **most common** source of troublesome bleeding during Right adrenalectomy is;

a. Inferior phrenic artery.
b. Right renal artery.
c. Abdominal aorta.
d. Common adrenal vein.

190. The **most common** injured artery (Renal artery) in endourology procedures is;

a. Posterior segment.
b. Apical branch.
c. Anterior segment.
d. Arcuate branch.

191. The **most common** form of urinary incontinence (UI) in a woman aged 40 years is:

a. Stress incontinence.
b. Urgency incontinence.
c. Mixed incontinence.
d. Detrusor overactivity incontinence.
e. Continuous incontinence.

192. The **most common** type of acquired urinary fistula is:

a. Vesicovaginal fistula.
b. Ureterovaginal fistula.
c. Colovesical fistula.
d. Rectourethral fistula.
e. Vesicouterine fistula.

193. The **most common** cause of vesicovaginal fistula in the nonindustrialized, developing world is:

a. Cesarean section.
b. Surgical trauma during abdominal hysterectomy.
c. Surgical trauma during vaginal hysterectomy.
d. Obstructed labor.
e. None of the above.

194. Vesicouterine fistulae occur **most commonly** due to:

a. Low-segment cesarean section.
b. Vaginal delivery.
c. Malignancy.
d. Conization of the cervix.
e. Myomectomy.

195. The **most common** cause of a colovesical fistula is:

a. Colon cancer.
b. Bladder cancer.
c. Prostate cancer.
d. Crohn disease.
e. Diverticulitis.

196. The **most common** cause of a ureterocolic fistula is:

a. Locally extensive colon cancer.
b. Appendicitis with an associated abscess.
c. Diverticulitis.
d. Crohn disease.
e. Tuberculosis.

197. Right sided pyeloenteric fistula **most commonly** involve;

a. Duodenum.
b. Ascending colon.
c. Descending colon.
d. Hepatic flexure.

198. The **most common** cause of rectourethral fistula is;

a. Radical retropubic prostatectomy.
b. TURP.
c. OIU.
d. TUIP.

OIU; Optical Internal Urethrotomy.
TUIP; TransUrethral Incision of the Prostate.

199. The **most common** cause of reno-vascular or pyelo-vascular fistula is;

a. Percutaneous nephrolithotomy.
b. Periampullary carcinoma.
c. Long term indwelling nephrostomy tube.
d. External penetrating / blunt trauma.

200. The **most common** long term outcome for a renal arteriovenous fistula occurring after needle biopsy of the kidney is;

a. Hematuria.
b. Embolic events.
c. Diastolic hypertension.
d. High output cardiac failure.
e. Spontaneous closure.

201. Acquired bladder diverticula are **most commonly** located:

a. Near the urethrovesical junction.
b. Adjacent to the ureter.
c. At the dome.
d. At the 10 o'clock and 2 o'clock position.
e. Posteriorly.

202. When stomach is used for urinary diversion, the electrolyte abnormality that may occur is **most commonly** what type of metabolic alkalosis?

a. Hyperchloremic.
b. Hypochloremic.
c. Hyperkalemic.
d. Hypernatremic.
e. Hypocalcemic.

203. Postoperative bowel obstruction is **most common** when which of the following segments is used for diversion?

a. Right colon.
b. Stomach.
c. Sigmoid.
d. Ileum.
e. Transverse colon.

204. The **most common** cause of a lethal bowel complication is:

a. Use of previously irradiated bowel.
b. Lack of mechanical bowel prep.
c. Lack of antibiotic bowel prep.
d. Placement of a drain adjacent to the anastomosis.
e. Failure to give preoperative antibiotics.

205. The **most common** cause of death in patients with ureterosigmoidostomies during the long term is:

a. Cancer.
b. Renal failure.
c. Acid base abnormalities.
d. The primary disease.
e. Ammonium intoxication.

206. Total body potassium depletion is **most common** in:

a. Ureterosigmoidostomy.
b. Ileal conduit.
c. Colon conduit.
d. Sigmoid conduit.
e. Gastrocystoplasty.

207. What condition is **more common** in absorbable stapled ileal pouches?

a. Urine leaks.
b. Valve failure.
c. Hydronephrosis.
d. Ischemic pouch contraction.
e. Ureteral stricture.

208. Pouch stone development occurs **most commonly** with which pouch?

a. T pouch.
b. Kock pouch.
c. Penn pouch.
d. Gastric-ileal composite pouch.
e. Le Bag.

209. Urinary retention resulting from continent diversion occurs **most commonly** with what type of sphincter?

a. Appendiceal stoma.
b. Benchekroun hydraulic valve.
c. Nipple valve sphincter.
d. Imbricated Indiana mechanism.

210. The serum metabolic pattern that occurs **most often** after an ileocystoplasty or colocystoplasty is:

a. Hypochloremic metabolic acidosis.
b. Hyperchloremic metabolic acidosis.
c. Hypochloremic metabolic alkalosis.
d. Hyperchloremic metabolic alkalosis.
e. Hyponatremic metabolic acidosis.

211. The serum metabolic pattern that occurs **most often** after gastrocystoplasty is:

a. Hypochloremic metabolic acidosis.
b. Hyperchloremic metabolic acidosis.
c. Hypochloremic metabolic alkalosis.
d. Hyperchloremic metabolic alkalosis.
e. Hyponatremic metabolic acidosis.

212. Osteomalacia is the **most commonly** seen in patient with;

a. Colocystoplasty.
b. Ilial ureters.
c. Colonic conduits.
d. Ileal conduits.
e. Ureterosigmoidostomy.

213. In cases of unilateral renal agenesis, the ipsilateral adrenal gland is **commonly**:

a. Absent.
b. Found in its normal anatomic position in the upper retroperitoneum.
c. Found in association with the contralateral adrenal gland.
d. Found just inside the ipsilateral internal inguinal ring.
e. Found in an ectopic, intrathoracic location.

214. Unilateral renal agenesis is **commonly** associated with:

a. Normal position of the splenic flexure.
b. Normal position of the adrenal gland.
c. Ipsilateral undescended testis.
d. Normal position of the hepatic flexure.
e. Rudimentary uterus.

215. Ureteropelvic junction obstruction may be **commonly** caused by:

a. The lower anterior segmental artery when it passes anterior to the ureter.
b. Crossing of the ureter by any of the renal segmental arteries.
c. The posterior segmental artery when it passes posterior to the renal pelvis.
d. The posterior segmental artery when it passes anterior to the ureter.
e. The lower anterior segmental artery when it passes posterior to the ureter.

216. The **most common** causes of death following kidney transplant in order are:

a. Kidney failure, sepsis, and cancer.
b. Cancer, sepsis, and heart disease.
c. Heart disease, sepsis, and stroke.
d. Sepsis, cancer, and heart disease.
e. Heart disease, cancer, and stroke.

217. A 5-year-old girl with a pelvic kidney has hydronephrosis **most commonly** due to:

a. Vesicoureteral reflux.
b. Malrotation.
c. Ureterovesical junction obstruction.
d. Ureteropelvic junction obstruction.
e. Ectopic ureter.

218. Flank pain is one of the **most common** presenting symptoms of ADPKD in adult patients. This is often caused by:

a. Bleeding into a cyst.
b. Renal cell carcinoma.
c. Cyst rupture.
d. b and c.
e. a and c.

219. The **most common** site of drainage of an ectopic ureter in a male is:

a. Vas deferens.
b. Anterior urethra.
c. Seminal vesicle.
d. Posterior urethra.
e. Ampulla of the vas.

220. What is the **most common** form of ureteral triplication?

a. All three ureters joining to terminate in a single bladder orifice
b. Three ureters joining to form two ureteral orifices
c. Three ureters draining as three separate orifices
d. One of the three ureters terminating ectopically, the other two draining orthotopically
e. Two ureters draining into three orifices

221. After the perinatal period, what is the **most common** method of presentation of a ureterocele?

a. Incontinence.
b. Abdominal mass.
c. Failure to thrive.
d. Stranguria.
e. Urinary tract infection.

222. What is the **most common** complication after pregnancy in female exstrophy patients?

a. Premature labor.
b. Rectal prolapse.
c. Preeclampsia.
d. Cervical and uterine prolapse.
e. Oligohydramnios.

223. The **most common** cause of early neonatal mortality in a baby affected by posterior urethral valves is:

a. Urinary sepsis.
b. End-stage renal disease not amenable to dialysis.
c. Pulmonary hypoplasia.
d. Urinary ascites due to calyx forniceal rupture.
e. Necrotizing enterocolitis.

224. The **most common** finding associated with an occult neural tube defect is:

a. A cutaneous abnormality overlying the lower spine.
b. High-arched feet.
c. Claw or hammer toes.
d. Abnormal gait.
e. Absent perineal sensation.

225. Uterus didelphys with unilateral imperforate vagina **most commonly** present with which condition?

a. Primary amenorrhea.
b. Cyclical abdominal pain associated with normal cyclical menstruation.
c. Renal anomalies contralateral to the side of the obstruction.
d. Anomalies of the axial skeleton.
e. Constipation.

226. Urethral prolapse is **most commonly** seen in young females of which ethnic background?

a. African American.
b. White.
c. Asian.
d. Hispanic.
e. American Indian.

227. What is the **common** denominator in all cases of Denys-Drash syndrome?

a. Gonadoblastoma.
b. Nephropathy with early-onset proteinuria.
c. Wilms tumor.
d. Calyceal blunting.
e. Progressive renal failure.

228. Urogenital sinus anomalies in disorders of sexual development states are **most commonly** seen in association with:

a. Congenital adrenal hyperplasia.
b. Mixed gonadal dysgenesis.
c. True hermaphroditism.
d. Cloacal anomalies.
e. Gonadal dysgenesis.

229. The **most common** cause of sexual ambiguity is;

a. Congenital adrenal hyperplasia.
b. Reifenstein syndrome.
c. Persistent mullerian duct syndrome.
d. 17 alpha hydroxylase deficiency

230. The **most common** finding in cloacal anomalies that have been diagnosed by antenatal ultrasonography is:

a. Ascites.
b. Distended rectum.
c. Distended bladder.
d. Distended vagina.
e. Distended bladder and rectum.

231. What is the **most common** vaginal anatomy in cloacal malformation?

a. Single vagina, single uterus.
b. Single vagina, double uterus.
c. Two vaginas, two uteri.
d. Two vaginas, one uterus.
e. Single vagina, no uterus.

232. The **most common** form of renal malformation;

a. Ventral position.
b. Ventromedial position.
c. Dorsal position.
d. Lateral position.

233. The **most common** cause of dilation of the collecting system (Hydronephrosis) in the fetal kidney;

a. Ureteropelvic junction obstruction.
b. Multicystic dysplastic kidney.
c. Persistent fetal convolution.
d. Ureteral polyps.

234. Out of the following, which is the **most common** associated congenital anomaly with Ureteropelvic junction obstruction;

a. Renal dysplasia.
b. Multicystic disease of the kidney.
c. Ureteropelvic junction in the opposite kidney.
d. Renal agenesis.

235. Among the crossed ectopia with fusion, which is the **most common** kidney;

a. Unilaterally fused kidney with superior ectopia.
b. Unilaterally fused kidney with inferior ectopia.
c. Bilaterally fused kidney with superior ectopia.
d. Bilaterally fused kidney with inferior ectopia.

236. The **most common** of all renal fusion anomalies is;

a. Horse-shoe kidney.
b. Lump kidney.
c. Disc kidney.
d. Sigmoid kidney.

** The **second most common** renal fusion anomalies is Sigmoid kidney.

237. The **most common** type of renal artery aneurysm is;

a. Arteriovenous.
b. Dissecting.
c. Fusiform.
d. Saccular.

238. The **most common** presenting symptom in hydrocalycosis is;

a. Painless total hematuria.
b. Upper abdominal or flank pain.
c. Palpable abdominal mass.
d. Azotaemia.

239. The **most common** ureteral anomaly is;

a. Agenesis.
b. Duplication.
c. Triplication.
d. Atresia and hypoplasia.

240. The **most common** presentation of medullary sponge kidney is;

a. Gross hematuria.
b. Urinary tract infection.
c. Abdominal and flank mass.
d. Renal pain.

241. The fluid **most commonly** found in neonatal ascites is …….
And obstructive uropathy is the usual underlying cause.

a. Urine.
b. Chyle.
c. Meconium.
d. Bile.

242. The **most common** primary obstructive lesion of neonatal urinary ascites is;

a. Ureteropelvic junction obstruction.
b. Posterior urethral valve.
c. Urethral atresia.
d. Bladder perforation secondary to traumatic delivery.

243. The **most common** Urachal anomalies is;

a. Patent Urachus.
b. Umbilical – urachal sinus.
c. Urachal cyst.
d. Vesicourachal diverticulum.

244. The **most common** entity of persistent urogenital sinus is;

a. Genital ambiguity state.
b. Pure urogenital sinus.
c. Cloacal anomalies.
d. Female exstrophy.

245. The **most common** complication of primary bladder closure in exstrophy of bladder is;

a. Bladder prolapse.
b. Bladder outlet obstruction.
c. Wound dehiscence.
d. Stich granuloma.

246. The **most common** congenital abnormality giving rise to anterior urethral obstruction;

a. Anterior urethral valve.
b. Valvular obstruction of the fossa navicularis.
c. Syringoceles.
d. Posterior urethral valve.

247. The **most common** anatomic cause of secondary vesicoureteral reflux is;

a. Anterior urethral valve.
b. Posterior urethral valve.
c. Non- neurogenic neurogenic bladder.
d. Neurogenic bladder.

248. The **most common** entity producing a protuberant mass in the perineum of a new born girl is;

a. Urethral prolapse.
b. Prolapsed ectopic ureterocele.
c. Imperforated hymen.
d. Periurethral cyst.

249. Hydrocele formation after varicocele ligation is **least likely** to occur after which of the following procedures?

a. Retroperitoneal ligation
b. Subinguinal ligation
c. Laparoscopic ligation
d. Microscopic inguinal ligation
e. Transvenous embolization

250. What is the **best study** for the detection of pyelonephritis and cortical renal scarring?

a. Diethylenetriaminepentaacetic acid (DTPA) renal scan
b. DMSA renal scan
c. Mercaptoacetyltriglycine (MAG3) renal scan
d. CT urogram
e. Renal ultrasonographic scan

Self-assessment				71		107		143		179		215	
1		36		72		108		144		180		216	
2		37		73		109		145		181		217	
3		38		74		110		146		182		218	
4		39		75		111		147		183		219	
5		40		76		112		148		184		220	
6		41		77		113		149		185		221	
7		42		78		114		150		186		222	
8		43		79		115		151		187		223	
9		44		80		116		152		188		224	
10		45		81		117		153		189		225	
11		46		82		118		154		190		226	
12		47		83		119		155		191		227	
13		48		84		120		156		192		228	
14		49		85		121		157		193		229	
15		50		86		122		158		194		230	
16		51		87		123		159		195		231	
17		52		88		124		160		196		232	
18		53		89		125		161		197		233	
19		54		90		126		162		198		234	
20		55		91		127		163		199		235	
21		56		92		128		164		200		236	
22		57		93		129		165		201		237	
23		58		94		130		166		202		238	
24		59		95		131		167		203		239	
25		60		96		132		168		204		240	
26		61		97		133		169		205		241	
27		62		98		134		170		206		242	
28		63		99		135		171		207		243	
29		64		100		136		172		208		244	
30		65		101		137		173		209		245	
31		66		102		138		174		210		246	
32		67		103		139		175		211		247	
33		68		104		140		176		212		248	
34		69		105		141		177		213		249	
35		70		106		142		178		214		250	

Answers of MCQs				71	a	107	b	143	c	179	c	215	d
1	c	36	e	72	d	108	a	144	c	180	c	216	c
2	c	37	b	73	c	109	b	145	d	181	a	217	d
3	b	38	a	74	b	110	a	146	e	182	b	218	a
4	a	39	d	75	e	111	a	147	c	183	d	219	d
5	e	40	d	76	a	112	a	148	a	184	b	220	a
6	e	41	d	77	d	113	b	149	e	185	c	221	e
7	b	42	d	78	e	114	c	150	b	186	a	222	d
8	b	43	c	79	c	115	e	151	c	187	c	223	c
9	a	44	c	80	a	116	d	152	a	188	e	224	a
10	c	45	b	81	e	117	a	153	b	189	d	225	b
11	a	46	a	82	b	118	c	154	c	190	a	226	a
12	a	47	c	83	e	119	c	155	b	191	a	227	b
13	d	48	b	84	d	120	c	156	a	192	a	228	a
14	e	49	d	85	e	121	d	157	a	193	d	229	a
15	b	50	c	86	c	122	a	158	b	194	a	230	d
16	b	51	b	87	c	123	c	159	d	195	e	231	c
17	c	52	c	88	b	124	e	160	b	196	d	232	c
18	d	53	c	89	e	125	b	161	d	197	a	233	a
19	a	54	a	90	b	126	b	162	a	198	a	234	c
20	c	55	c	91	d	127	c	163	d	199	a	235	b
21	a	56	d	92	b	128	c	164	a	200	e	236	a
22	e	57	a	93	b	129	d	165	c	201	b	237	d
23	d	58	a	94	c	130	b	166	d	202	b	238	b
24	d	59	d	95	c	131	a	167	a	203	d	239	b
25	d	60	a	96	c	132	b	168	b	204	a	240	d
26	a	61	a	97	a	133	a	169	d	205	b	241	a
27	a	62	a	98	d	134	a	170	b	206	a	242	b
28	e	63	b	99	c	135	e	171	c	207	d	243	a
29	d	64	b	100	a	136	c	172	e	208	b	244	a
30	b	65	e	101	c	137	a	173	c	209	c	245	a
31	c	66	a	102	c	138	a	174	e	210	b	246	a
32	a	67	b	103	e	139	d	175	d	211	c	247	b
33	c	68	b	104	c	140	c	176	b	212	e	248	d
34	a	69	c	105	b	141	c	177	b	213	b	249	e
35	d	70	e	106	d	142	a	178	a	214	b	250	b

150 Selected MCQs in UROLOGY

By;

Ahmed Adil Mohammed

UROLOGY Senior House Officer

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